

Greene County

Service Coordination Plan

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Greene County Family and Children First

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Introduction

Greene County Family & Children First Council, along with Ohio Family & Children First has gone through numerous transformations over the years, always in an attempt to improve or enhance service delivery to families with multi-system involved children and/or children at risk for being placed out of home. One key to enhanced services has been the high level of collaboration among and between agencies and families. In Greene County the agencies that were, and continue to be, part of the core team in this multi-system process include: Children Services, Juvenile Court, The Board of Developmental Disabilities, the local education agencies and local mental health representatives. Additional support is frequently received from Greene County Combined Health District, Greene County Department of Job and Family Services and Greene County Educational Service Center.

Since 1996 an inter-disciplinary team, variously known as the Intersystem Team Cluster/Diversion Team or Cluster, cross-system team, Multi-agency review team, has been guided in individual family service delivery by a service coordination mechanism. In 2005 Ohio Revised Code 121.37 was amended to reflect a renewed emphasis on family-centeredness in planning and service delivery along with a renewed commitment to a strength-based, culturally sensitive, community-based wraparound model. With these changes in the ORC, a multi-agency team drafted an updated service coordination mechanism which had been reviewed and adopted by the Full Council, including county entities representing: Children Services, the Board of Developmental Disabilities, The Mental Health and Recovery Board, Greene County Combined Health District, Juvenile Court, local educational agencies and the Early Childhood County Collaborative (E3C).

Earlier service coordination and supports typically emphasized the most difficult to serve or deep-end children. With the advent of the Access to Better Care (ABC) and Family and System Team (FAST) initiatives, service coordination and supports increased emphasis on prevention and early intervention activities. In SFY 2010 the FAST initiative was revised and renamed Family Centered Services and Supports (FCSS). New eligibility guidelines deemphasized diagnoses and instead emphasized service coordination involvement.

Counties in Ohio have been encouraged to develop service coordination mechanisms that take into account not only the requirements of the Ohio Revised Code but also the principles of high fidelity wraparound. High fidelity wraparound leads to a system of care that focuses on early identification of families at risk and encourages a child-centered, family driven process that allows the family to identify their own strengths and needs and how family, informal community connections, and agency assets (if needed) can best be coordinated to address needs, and prevent over-dependence and reliance on formal systems of care.

As local systems have gained experience in implementing family driven initiatives, the County Service Coordination Mechanism, which was developed as a working document subject to modification as needs and competencies changed, is updated regularly to reflect changes in service delivery.

By-updating this document, Greene County Family and Children First and our system partners renew the commitment to provide Greene County Families with seamless, family-centered, interdisciplinary service coordination that reflects Ohio's commitments to child well-being and the core values of Ohio Family and Children First.



PURPOSE/WRAPAROUND DESCRIPTION

The service coordination mechanism was created to define the system of care for families and children seeking or needing coordinated services. High fidelity wraparound is family-centered and child focused, with the needs of the child and family dictating the type and mix of service provided. The strengths of the child and family guides the family and their team to create an individual plan that can bring about positive change.

High Fidelity Wraparound is intended to build on the strengths of both formal and informal supports. It provides a collaborative and supportive environment with identified High Fidelity Wraparound professionals giving their support. These professionals provide service options and ideas from their area of expertise. The coordinator works with the family to invite their supportive friends and family to build an informal team. Other examples of informal support would be clergy, neighbor, parent advocate, coaches, youth group leaders, etc.

High Fidelity Wraparound plans are fluid documents that are frequently revisited and amended as needed to reflect changing needs and newly identified service gaps. The plans are not at any level a "one size fits all" plan but are created as a one of a kind plan for each individual family.

Ohio Revised Code has stipulated that the County Service Coordination Mechanism include nine procedural components. The O.R.C. further requires that the Comprehensive Family Service Coordination Plan contain specific information and procedural safeguards. What follows are Greene County Family & Children First's Service Coordination Policies and Procedures.

COMMITMENT TO CHILD WELL BEING OBJECTIVES

- Expectant parents and newborns thrive
- Infants and toddlers thrive
- Children are ready for school
- Children and youth succeed in school
- Youth choose healthy behaviors
- Youth successfully transition into adulthood



Ohio Family & Children First Core Values

- Children have the right to live with their own family.
- Children have the right to be nurtured and protected in a stable family environment.
- When children are at risk of harm, the community has the responsibility to intervene.
- Families are our communities' most important resource and must be respected, valued and encouraged to build upon their strengths.
- The racial, cultural and ethnic heritage of children and the neighborhoods where they live are respected and supported as strengths. Ethnic and racial child-rearing practices are valued.
- Families have the right and responsibility to participate in identifying their concerns, priorities, and needed resources.
- Families have the right to individualized service provision that addresses the multiple needs of their children.

ELIGIBILITY FOR SERVICE COORDINATION

Any Greene County family with children ages 0-22 with multiple needs, or who may need the services of multiple agencies, is eligible for service coordination.

Not every family referred for High Fidelity Wraparound will need such a high level of system involvement. Some families may simply need information or referral guidance such as being directed to a single agency for service provision. In general, families eligible for High Fidelity Wraparound will be multi-need families who have children involved in at least two of the youth serving systems in Greene County.

If a family is involved with multiple agencies and the request for High Fidelity Wraparound is based on a disagreement or dispute with one of those agencies, a referral is likely to be made back to that agency for an internal dispute resolution. The High Fidelity Wraparound process is not intended to be part of a dispute resolution process between a family and an agency.

Agencies typically involved in High Fidelity Wraparound teams include: Greene County Juvenile Court, local mental health services, Greene County Children Services, the Local Educational Agency, The Greene County Educational Service Center (including the Greene County Learning Center), and the Greene County Board of Developmental Disabilities. Medical home care coordinators will also be sought out.



Target populations for Community High Fidelity Wraparound include, but are not limited to:

- Youth living in their own homes involved with addiction services, mental health, child welfare, juvenile justice, or experiencing child care or school failure due to serious behavioral or emotional disorders
- Youth with serious behavior and/or emotional disorders returning to their home communities from a placement setting such as therapeutic foster homes, residential centers, psychiatric hospitals, Ohio Department of Youth Services correctional centers or community correctional centers
- Youth whose parents or guardians would otherwise have to relinquish custody to obtain the needed level of intensive services
- Youth deemed to be unruly, allegedly unruly, or at-risk of becoming unruly
- Families voluntarily seeking services
- Youth ages 18-21 transitioning into adult system(s) from any of the child-serving systems.

REFERRALS FOR SERVICE COORDINATION

1. The wraparound process begins when a family, individual, or agency/system representative identifies a need for a coordinated, strength-based planning process for a child experiencing difficulties. To access wraparound a referral packet (Addendum A & C) must be completed and submitted to Greene County Family & Children First, Attention: Family Stability Coordinator.
2. Families and professionals can print off a referral packet by going to the FCFC website (www.co.greene.oh.us) or they may request a referral packet by contacting Family and Children First through email (mbaughn@co.greene.oh.us), telephone (937-562-5607), or by mail (158 East Main St., Xenia, OH 45385). Parents may make direct inquiries to the Family Stability Coordinator at any time without completing the referral.
3. Families with children prenatal to age three who meet the program eligibility requirements receive service coordination primarily through Help Me Grow or Head Start. Parents of children pre-natal to age three should contact Greene County Help Me Grow Central Coordination and Referral to be connected to appropriate services.



Professional Referrals

A referral packet must be completed for each family before a High Fidelity Wraparound meeting will be scheduled. Upon receiving the referral packet the Family Stability Coordinator will attempt to contact the family within 2 business days to schedule a consultation meeting to discuss the wraparound program with the family. If the family cannot be reached within 3 days, the Family Stability Coordinator will send an "attempted to reach" letter and information about the wraparound program to the family. A call will be made at that time to the professional that referred letting them know of the unsuccessful attempts.

The Family Stability Coordinator will schedule a wraparound meeting with the family and child (if age/circumstance appropriate) for times and dates that work for the family. The goal is to have this process occur within 5 days after receipt of the referral.

Note: High Fidelity Wraparound is a voluntary service if a family chooses to decline High Fidelity Wraparound services the referral source will be notified.

Parent Referrals

If a family self-refers, the Family Stability Coordinator will help the family decide if High Fidelity Wraparound is the right support to meet their needs or if referrals to other programs and services are more suitable.

If the family chooses High Fidelity Wraparound services, the Family Stability Coordinator will schedule a consultation meeting to discuss the wraparound program and obtain referral information. After the consultation meeting the Family Stability Coordinator will then schedule a meeting with the family and child (if age/circumstance appropriate) at a location and time determined to meet their needs.

MEETING NOTIFICATION

The Family Stability Coordinator will notify the High Fidelity Wraparound team participants by email or phone call with the times and dates that work for the family. The final date and time will depend on the date and time that works for the majority of the team. Confirmation emails and phone calls will be made the day before the meeting to all service providers and family members. Date, time and method of notification will be documented in consumer contact notes.

At the conclusion of the High Fidelity Wraparound meeting the team will schedule the next meeting and document the date, time and location if applicable. The Family Stability Coordinator will be responsible to invite any absent or newly identified team members to the next meeting.



CONFIDENTIALITY

It is the policy of Greene County Family and Children First that each family receiving High Fidelity Wraparound is provided with procedural safeguards which ensure confidentiality of all personal family information disclosed during service coordination or contained in High Fidelity Wraparound plan.

Procedure:

1. The coordinator will inform the family of this policy at the time of orientation when the release of information is generated. (Addendum B)
2. The Consent for Release of Information will be reviewed and explained to the parent/guardian.
3. Each checked agency/individual will be reviewed with the parent/guardian as well as what type of information being requested to be released/shared.
4. The meeting facilitator will ensure that:
 - The parent/guardian is fully informed of all content relevant to the information exchange for which consent is being sought.
 - The parent/guardian understands and agrees in writing to the carrying out of the information exchange for which consent is sought.
 - The consent describes the information and lists the records that will be released and to whom.
 - The parent/guardian understands that the consent is voluntary and may be revoked in writing at any time.
5. The meeting facilitator is responsible for informing attendees of their obligation to respect the confidentiality rights of the family. (Addendum C)
6. Parents/guardians must be afforded the opportunity to inspect/review their service coordination and wraparound records.
7. Per Greene County procedure, all Greene County Family and Children First Family Stability records will be maintained in a locked location until such time as the child reaches the age of majority plus two years. At such time records may be destroyed by approved county protocol.
8. Youth aged 16 and older will be requested to sign Consent for Release of Information along with their parents/guardian depending on their cognitive ability.



DEVELOPMENT OF HIGH FIDELITY WRAPAROUND PLANS

It is the policy of Greene County Family & Children First to ensure that any family receiving service coordination will have a written comprehensive High Fidelity Wraparound plan that is:

- Individualized
- Family-driven
- Family focused
- Child-centered
- Culturally relevant
- Strength based
- Least restrictive
- Non-duplicative

The plan will be developed and reviewed in an ongoing and time-sensitive manner.

Procedures:

1. The Family Stability Coordinator schedules an initial consultation with the family which is the start of an ongoing process of assessment and evaluation identifying family needs and concern and the strengths, assets and resources available to address those needs and concern. Needs are defined as the immediate area of focus that are identified by the youth and family. Identification of needs help establish a family's long range vision and asks them to consider short term goals.
2. After this consultation meeting the facilitator schedules the initial Wraparound meeting. This meeting will have the family's formal and informal supports as well as other community service providers. At the meeting they will use the tools provided to obtain information from the family around emotional and social connections, family strengths and needs and family's unique culture. (Addendum D) A short narrative is created using the tools and information provided that summarizes the information obtained. This document serves as the starting point for planning. New information may be added as it is gathered. When this document is developed the family is then presented with the narrative for approval prior to distributing to the team members. It is the starting point for planning.
3. The High Fidelity Wraparound team develops a plan to address the prioritized needs of the child/family consistent with the values of Wraparound, services are community based if available. This means that the team is looking for services and supports that can be provided in the least restrictive environment within the family's community. Facilitators are trained to help teams create plans emphasizing least restrictive environments by **planning around needs, not services** while addressing safety, supervision and clinical needs. Teams are encouraged to be creative in their planning.



4. At the next Wraparound meeting a plan is developed with objectives. The process will include: (Addendum E)
 - Designation of service coordinator approved by the family.
 - Introductions/Confidentiality Agreements
 - Review of strengths
 - Develop long-range vision/mission statement
 - Identify needs and short term goals
 - Prioritize needs
 - Identify any immediate safety concerns and assess planning needs/timeline
 - Plan actions and options
 - Secure commitments
 - Evaluate and end the meeting
 - Signatures of the meeting participants.
 - Date, time and location of the next schedule meeting
5. The team will continue to meet regularly until the objectives have been met. Copies of the plan and updates will be delivered to all participants. The facilitator will ensure that the parent/guardian has a copy of the plan and fully understands its contents. (Addendum F)

TEAM MEETING BEFORE PLACEMENT

A meeting must be held prior to any non-emergency out of home placement or within ten days of an emergency out of home placement of any child who is involved in service coordination through Greene County Family & Children First service coordination mechanism. It is the team's policy to avoid out of home placements whenever possible by seeking out or constructing less restrictive community based alternatives. In the event that a youth needs out of home placement as part of their wraparound plan, the team meets regularly with the placement agency, minimizes barriers for parent participation and plans for transition back to the community in the least amount of time possible and to the least restrictive environment.

Procedure:

1. The family's high fidelity wraparound plan will be reviewed to make sure no other option exists.
2. The team will document what supports need to be put in place to facilitate reunification in the child's home and what the barriers are, if any, to implement those supports.
3. In the event that the team determines that it is in the child's best interest to be in an out of home placement every attempt will be made to execute due diligence in



finding a therapeutic placement that is best-suited to meet the child's needs while bearing in mind such criteria as easy access for the family visitation/participation in treatment, ability for agency personnel to perform close monitoring and cost effectiveness.

4. For a multi-system child whose placement is being funded by more than one service system, a Shared Funding Agreement will be executed. This agreement will specify what cost each party, including service systems and parent, will bear for the placement of the named child.
5. In the event of the need for an emergency out of home placement of a child whose family is receiving wraparound services and for whom shared funding is being sought, the placing system will inform the Family & Children First Family Stability Coordinator no later than the next business day that the placement has occurred and the reason for the placement.
6. The Family Stability Coordinator will schedule a meeting within 10 days of the placement and placement monitoring and reviews will commence immediately. A plan will be developed to facilitate timely reunification or step down to a less restrictive setting.

Placement Review Meetings

Every youth placed in an out of home setting being financed through a Shared Funded Agreement or placed in a residential treatment level of care setting, even if single-system funded, will have their progress monitored carefully and transition planning back to home or the least restrictive setting will begin immediately.

Our core values state that families are our community's most valuable resource. It is part of the Greene County Family and Children First mission to support the family in identifying, enhancing and applying their strengths, individually and as a family unit, to make it possible for their children to live in a safe and nurturing home environment as a contributing member of the family system.

Procedure:

1. Every child placed in an out-of-home setting with a Shared Funding Agreement or in residential treatment level of care even if single-system funded, will have placement reviews. The reviews will address what conditions and/or services must be in place prior to the child returning home or to a less restrictive environment. (There may be times when a youth must complete a "step-down" process, i.e. incarceration to residential treatment to foster care to home) (Addendum G)
2. A placement review meeting will be held every 30 days to review the progress of the child and family towards reunification. The team will also continue to evaluate the appropriateness of current setting, level of care and needed services to facilitate reunification. At the onset of placement and when a child is ready to transition back into the community the meetings may become more frequent.



3. Participants in placement review meetings may include: family members, placement providers, Children Services, local mental health agency, representatives from the Board of Developmental Disabilities, advocates, a Combined Health District representative, and any other support person both formal and informal, that the family requests be involved.
4. All families nearing reunification will be encouraged to establish High Fidelity Wraparound services and maintain involvement until stabilization of reunification is assured.

Crisis and Safety Planning

All families receiving High Fidelity Wraparound services via the Greene County Family and Children First service coordination mechanism must have a crisis/safety plan as part of the overall service coordination plan. It is the goal of Greene County Family and Children First that all families feel empowered to act in their own best interest in a crisis situation, especially one involving the safety and well-being of family members. It is also deemed important not to duplicate existing plans or unnecessarily confuse families by providing conflicting information.

Procedure:

1. The need for, or current existence of crisis/safety plan shall be established at the initial service coordination/ wraparound team meeting and will be reviewed regularly thereafter. (Addendum H)
2. Many youth and families have already existing crisis/safety plans developed with their mental health professional or with a juvenile court diversion or community control officer. In this event, that plan will become part of the Family and Children First service coordination plan.
3. The crisis/safety plan will include:
 - What defines a crisis/safety concern
 - What steps are to be taken by the family/child if safety becomes a concern
 - Phone numbers needed to respond appropriately to a safety concern
4. Any team member involved in or made aware of a family crisis/safety concern should notify the service coordinator and/or other team member of the event as soon as possible after its occurrence. A determination can then be made as to whether or not a team meeting is needed to review the situation and amend the service coordination plan accordingly.

Tracking Progress

The Greene County Family and Children First service coordination mechanism relies on evidence based programs, interventions and supports and gives high importance to monitoring and tracking of progress of families at all levels of the service coordination process. (Addendum I)

Procedure:

1. The High Fidelity Wraparound plan includes task accomplishment dates and follow-up meeting notes where each action step is reviewed for progress.
2. All youth receiving on-going funding through funding streams coordinated by the Greene County Family and Children First Family Stability program including: FCSS, Family Stability financial assistance dollars, and Shared Funded Youth Placement will have High Fidelity Wraparound/placement review team meetings at least semi-annually to discuss transition planning including; recent progress, continued appropriateness of the service/placement, community-based services needed to facilitate reunification and plan for continuity of care.
3. All collected program data from FCSS, Shared Youth Placement, and Family Stability initiatives will be shared with the Greene County Family and Children First Council and its steering committee in written monthly program reports as well as by the Family Stability Coordinator's regular participation in quarterly Council meetings and by an annual written summary report to the council.
4. An evaluation plan has been developed to monitor outcomes. Standardized assessment information is reported at various times throughout the year and annually. Information collected and reported at intake and case closing included: Presenting Risks, Developmental Assets Profile (DAP), Family Empowered Scales, and the Family Resource Scales. The Behavioral Emotional Rating Scale (BERS) are also completed at intake and case closing as well as ongoing assessments at six month intervals throughout the process. Information on youth in placement and those at risk for out of home placement is tracked and reported annually.
5. Youth in residential level care will be assessed monthly using relevant categories of the Family Development Matrix, in an attempt to empirically monitor placement progress.
6. Aggregate program data may be submitted to the state upon request as part of an outcome assessment protocol.

Unruly Youth

It is the policy of Greene County Family and Children First, through the service coordination mechanism, that all youth alleged to us unruly shall receive services intended to keep the child out of the formal juvenile justice system. Services will be strength-based and target specific needs of the family and youth.

Procedure:

1. Youth alleged to be unruly will be assessed by the agency referring the family to Family and Children First service coordination, using the preferred instrument(s)/ methodology of the agency.
2. The High Fidelity Wraparound plan will place an emphasis on the personal responsibilities of the youth and the parental responsibilities of the parent, guardian, or custodian.
3. Local law enforcement agencies will be called upon as deemed appropriate by the High Fidelity Wraparound team including the parents, guardian, or custodian.
4. Youth and parents may be referred to the juvenile court for formal filing of an unruly complaint under section 2151.27 of the Ohio Revised Code when warranted.
5. For the family engaged in High Fidelity Wraparound with Family and Children First prior to any referral to juvenile court for an unruly complaint, a High Fidelity Wraparound meeting should be convened to determine appropriate diversion strategies for the youth and family.
6. Respite and monitoring opportunities will be utilized when available and deemed an appropriate intervention by the service coordination team.
7. Youth and families may be referred for such services as "Strengthening Families", mental health treatment, alternative education options, respite care, and/or a partial hospitalization program as alternatives to formal juvenile court involvement.



Dispute Resolution Process

Any agency represented on the Greene County Family and Children First Council or any parent or guardian whose child is receiving services through a service coordination mechanism including Help Me Grow, may initiate a dispute resolution process in the event that they feel any consumer rights have been violated or in the event that a consensus cannot be attained in construction of any aspect of a comprehensive individual family service coordination plan.

It is the goal of a comprehensive individual family service coordination planning process to reach a consensus on the type, quality and cost of services, as well as which entities will bear the cost. It is also incumbent on agency personnel to ensure that all consumer rights are respected during the process. From time to time, especially in times of restricted funds, one or more entities may disagree on aspects of the plan or may feel that certain consumer rights have been infringed upon. If attempts to address these issues falter during the team process, one or more entities, including the family being served by the plan, may exercise their right to the dispute resolution process. Families involved with Help Me Grow may request mediation at any point in the dispute resolution process. (Agency specific concerns or concerns not involving the service coordination process or client rights violations should be brought directly to the attention of the involved agency for resolution.)

1. Parents and agencies will be made aware of the local dispute resolution process through local service coordination training and at the beginning of the High Fidelity Wraparound process, as well as during the process when it appears that a difference is not reaching resolution informally.
2. If an entity, including parent or legal guardian of a child receiving service coordination, has an unresolved dispute or if they feel the consumer rights may have been violated, they may file a written grievance with the Greene County Family and Children First Council and/or Department Director.
3. The grievance must state the facts of the case and must specify what issues or consumer right is in dispute. It is to be mailed to:

Greene County Family and Children First
Attn: Director
158 East Main St.
Xenia, OH 45385

4. In the case of a dispute within the Help Me Grow process, the Family and Children First Department Director or designee shall notify the Ohio Department of Health (ODH) of the dispute in writing (via email or fax) within seven calendar days of receipt of the complaint.
5. If a consumer rights violation is alleged, that alleged violation must have occurred not more than one year before the date that the grievance is received unless a longer



period is reasonable because the alleged violation continues for that child or other children, or the filing party is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the grievance was received.

6. The Family and Children First Council Steering Committee will appoint one or more individuals who have no vested interest in the outcome of the process to investigate the grievance by doing at least the following:
 - Conduct an on-site investigation as determined necessary;
 - Interview the person filing the grievance and allow them an opportunity to submit additional information, either orally or in writing about the dispute;
 - Interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing about the dispute; and
 - Review all relevant information and make a determination as to whether there has been any consumer rights violations and/or offer suggestions for resolutions of the dispute and forward findings to FCFC Steering Committee.
7. The FCFC shall issue a written decision to all parties (including ODH for Help Me Grow consumers) within thirty (30) calendar days from receipt of the grievance. The statement shall address each grievance specified in the original filing and shall include findings of fact and conclusions and the reasons for the given decisions.
8. If the FCFC Steering Committee determines there was a violation of consumer rights or a substantiation of a grievance, the FCFC will ensure that corrective action is taken within 45 days of receipt of the findings of fact. Corrective actions may include:
 - Participation of a provider or agency in specific technical assistance activities;
 - Allocation of monetary reimbursement for services received appropriate to the needs of the child and family;
 - Trainings at the system or county level to achieve compliance in the appropriate future provision of services to children and families;
 - Modification of individual family service coordination plans.
9. A copy of the corrective action plan will be provided to all parties (including ODH for HMG involved families).
10. If a Help Me Grow involved disputant is not satisfied with the resolution at this point in the process the mediation and administrative hearing procedures set forth in the *Procedural Safeguards* manual for Help Me Grow Agencies will be followed.
11. In the case of dispute regarding a service coordination plan developed via the Family and Children First Service Coordination Mechanism, if satisfactory resolution is not



achieved via the process outlined above, the FCFC Steering Committee may refer the case to Ohio Family and Children First Service Coordination Committee for administrative review and dispute resolution recommendations.

12. Ohio Family and Children First will submit a written report of recommendations to the FCFC Steering Committee and Department Director, within 30 days of receipt of request for review.
13. Service coordination plans will be amended accordingly and copies sent to all parties.
14. If a dispute remains unresolved beyond this point, the final arbitrator in the dispute resolution process is the elected juvenile court judge. Following an unsuccessful dispute resolution process, a disputant may, within seven (7) calendar days of receiving a response from OFCF, request a juvenile court hearing.
15. Written notification of this request must be sent to the FCFC Chair and Department Director who will provide the court with information on previous resolution proceedings, the initial comprehensive family service coordination plan, and with all related interagency assessment and treatment information.
16. The juvenile court will schedule this hearing as expeditiously as possible.
17. The disputant filing with the court is responsible for any cost incurred with the court.
18. In the event of an emergency situation where the health or safety of a child is at risk, an immediate solution to alleviate the risk will be developed by the team or, if needed an immediate referral to Greene County Children Services will be made.
- 19. Section 121.382 of the Ohio revised Code requires that each agency represented by the county Family and Children First Council that is providing services or funding for services that are the subject of a dispute resolution process initiated by a parent or guardian shall continue to provide those services and the funding for these services during the dispute resolution process.**



Fiscal Management

It is the policy of Greene County Family and Children First to provide services in a fiscally prudent manner, attempting to use resources in creative and collaborative ways that minimize the need to rely on formal funding streams rather than informal, naturally occurring supports.

Procedures:

1. Decisions regarding funding supports for individual family service coordination plans are made by each family's High Fidelity Wraparound team with administrative guidance provided by the FCF Council and Steering Committee.
2. High Fidelity Wraparound plans are developed that encourage the use of naturally occurring no or low-cost supports. If it is determined that a needed service or support cannot be accessed in the above manner, team members explore what other community options and, or assets might be available to defray costs. Examples may include but not be limited to:
 - Local/civic grants
 - Scholarships
 - PASSS funds
 - Program transportation allowances
 - Diverted funds from more expensive program options (i.e. placement)
 - Shared/collaborative funding
3. If it is determined that FCSS dollars are the best or only option for accessing funds to meet High Fidelity Wraparound needs, as part of the written plan, the team will determine what amount of funds can be accessed and for what period of time.
4. All FCSS expenditures as well as diverted placement dollars and family stability financial assistance fund expenditures will be reported to the FCFC steering committee as part of the monthly program report.



Family Centered Services and Supports Funding (FCSS)

Families receiving service coordination via the Family and Children First service coordination mechanism may be eligible for supportive funding from the State-distributed FCSS grant.

Procedure:

1. A family must be receiving service coordination/High Fidelity Wraparound services via the Greene County Service Coordination Mechanism, including having a crisis/safety plan in place as part of the Individual Family Service Coordination Plan (wrap plan).
2. The services for which funding is requested must be part of the written service coordination plan.
3. The services for which funding is being requested must meet eligibility criteria as outlined in the state-issued Guidance for FCSS funds. Any uncertain determinations will be referred to the FCFC Regional Coordinator or OFCF for guidance.

Eligibility criteria include: the child must be residing in the home and guardianship must be held by the family or kin, not by an agency. Service criteria excludes: payment for basic needs such as food, clothing and cost associated with housing; medical and mental health treatment and therapy related expenses; most education related expenses; childcare expenses. Example of services that **may** be funded include: respite care, camp social/recreational activities and transportation cost specifically related to accessing services for children.

4. All funding requests must be **Pre-Approved** by the family stability coordinator.
5. In most circumstances, financial assistance is to be paid directly to a service provider, not to the family making the request, and per Greene County policy. The exception to this is grants awarded to reimburse families for respite care expenses.
6. Expenditures will be reviewed on a regular basis in the High Fidelity Wraparound Team meetings and with the FCFC Steering Committee.



Parent Financial Contributions to Shared Youth Placement

It is the policy of Greene County Family and Children First to encourage full participation of parents in all aspects of out-of-home placements, including financial participation.

Experience has indicated that when parents are not only emotionally and programmatically invested in their child's treatment program, but financially as well, this investment leads to positive outcomes such as shorter lengths of stay before reunification and increased engagement in the treatment process itself. Additionally, it is recognized that a family's overall household expenses for such things as food and utilities decreases when a family member is not residing in the home.

Procedure:

1. When it has been determined by the High Fidelity Wraparound Team, including the youth's parents, that a shared funded out-of-home placement is in a child's and family's best interest, a shared funding agreement will be developed detailing which entities, including the child's parents, will contribute to the cost of the placement and how much each will contribute.
2. Except for number 3 below and in cases where the parent is receiving Supplemental Security Income (SSI) on behalf of the child, financial obligation of parents will be determined on a sliding fee scale based on household monthly income as it relates to the federal poverty index and will be negotiated individually with each family. The Greene County Team will have the ability to reduce a parent contribution based on evidence of individual needs.
3. Support orders handed down by Greene County Juvenile Court for children involved with Greene County Children's Services or with Greene County Juvenile Court will supersede any provisions of this policy/procedure.
4. SSI payments are intended to assist the parent in providing for the special needs of the child, including the cost of residential care and, as such, the monthly amount will be required to go towards the cost of residential placement. Parents will be invoiced for the amount of the SSI payment on a monthly basis. Reductions may be made to accommodate increased travel expenses incurred by the parent to participate in family therapy at the treatment facility.
5. Parents of adopted children eligible for Post Adoption Special Services Subsidies (PASSS) will be required to apply for these funds as soon as the need for placement is identified and annually thereafter if residential placement continues for that length of time. If the application is approved for funding, parents will also be required to independently pay the 5% parent contribution required by PASSS rules.
6. Partial month payments due to Family and Children First from parents may be pro-rated or waived, as determined by the High Fidelity Wraparound team.
7. Greene County Family and Children First will be the fiscal agency for all shared funding agreements and as such will invoice all funding sources, including parents, on a monthly basis.



8. Status of all financial obligations will be reviewed at regularly scheduled placement review meetings.
9. While all families will be requested to contribute at least minimally to the cost of their child's care, no child/family will be denied services based on inability to pay.

Public Awareness/Targeted Marketing

It is the policy of Greene County Family and Children First to provide on-going training opportunities to agency personnel, families, and interested community members regarding the service coordination mechanism.

It is logical that neither families nor providers can access systems of which they are unaware and this lack of awareness leads to families being underserved or receiving services later than need be. Consequently, it is a priority that every effort is made to create public awareness of the High Fidelity Wraparound process, targeting families, professionals, and the community at large.

Procedure:

1. Greene County Family and Children First will offer training in the service coordination mechanism/High Fidelity Wraparound process upon request to any agency or community group. This training will include a description of the service coordination mechanism and the High Fidelity Wraparound principals as well as review of related policies and procedures. An attempt will be made to publicly advertise these trainings and make them open to interested community and family members as appropriate.
2. Since many families make initial contact with service providers through their children's school a two-tiered approach to awareness of service coordination/High Fidelity Wraparound will be directed towards local education agencies.
 - Local Education Agencies will be encouraged to participate in the above-mentioned trainings and/or offered the opportunity to arrange separate training for their personnel at a time and location more conducive to their needs.
 - Local Education Agencies will be encouraged to include High Fidelity Wraparound training as a part of parent education offerings at regularly occurring or special events.
3. Much of the service coordination education to families will take place informally at the time of inquiry or referral. All families receiving service coordination will receive a copy of "Mastering the Maze: Service Coordination Tool for Parents of Multi-need Children".

Quality Assurance and Continuous Improvement of the Service Coordination Mechanism

It is the policy of Greene County Family and Children First to support continuous monitoring and improvement as indicated, of the service coordination mechanism.

As new data emerges and best practice models are developed and/or identified, it is important that service providers within the service coordination mechanism keep apprised of these changes so as to provide the best possible supports to the community and the families with which we interact.

Procedures:

1. The Family and Children First Council (FCFC) assures that appropriate and qualified staff fulfill the responsibilities of the Family Stability Coordinator.
2. The FCFC provides oversight to the policies and procedures of the service coordination mechanism and ensure compliance with all federal and state mandates.
3. The Family Stability Coordinator will provide the Steering Committee of the FCFC with monthly program reports detailing services provided, outcomes, expenditures, identified service gaps.
4. The Family Stability Coordinator will report to the full FCFC at least annually regarding services provided, population served, outcome measurements, expenditures, identified service gaps, and attempts at service gap remediation as well as consumer satisfaction and program data.
5. Through on-going monitoring and an annual review, the FCFC Steering Committee will direct changes in the service coordination mechanism as needed to ensure continuous responsiveness to needs and continuous system improvement.
6. The Family Stability Coordinator and Department Director will monitor and access as needed technical assistance opportunities made available by the State to support fidelity and continuous improvement of the service coordination mechanism.



Addenda



Greene County Family & Children First High Fidelity Wraparound Program Referral

Date of referral: _____

Person making referral: _____

Are you the parent / legal guardian of the children involved? Y N

Phone: Home _____ E-mail: _____

Cell: _____

Work: _____

Identified Youth's Name	Sex	DOB	Race	Adopted Y or N	School	Grade

Children: (PLEASE IDENTIFY ALL CHILDREN IN THE HOME)

Full Name	Sex	DOB	Race	Adopted Y or N	School	Grade

Other people living in the home:

Full Name	Sex	Age/DOB	Relationship

Are all of your children currently living in your home? Y N

If not, where are they staying: _____

Parent / legal guardian Information:

Name: _____

Address: _____

City/State: _____

Zip: _____ Phone: _____

Employer: _____

Work Phone: _____

Marital Status: _____

Email: _____

Cell: _____

Name: _____

Address: _____

City/State: _____

Zip: _____ Phone: _____

Employer: _____

Work Phone: _____

Marital Status: _____

Email: _____

Cell: _____

Is child out of the home currently (hospital, detention, treatment facility)? Yes or No

If yes, complete the following:

Placement:	Contact:
Address:	Phone:
City: State: Zip:	Email:

Informal Family Supports (i.e. grandparents, step-parents, ministers, neighbors, friends):

Name	Address	Phone #	Relationship

List Community Supports and Service Providers you have been working with:

Name/Organization	Address	Phone #

Has your family ever been involved with Wraparound in the past? Y or N
 If so, when? _____ by whom? _____

What systems/agencies are currently involved with your family?

Agency/Services	Family member(s)	Contact Name	Contact Phone #
Child/Youth Mental Health (i.e. Family Solutions Center)			
Adult Mental Health (i.e. TCN or a private provider)			
County Children Services			
Juvenile Court			
Adult Court/Probation			
Board of Developmental Disabilities			
Special Education Services			
Job and Family Services			
Medical providers			
Others			

Circle if history of abuse has occurred: Physical Sexual Neglect

Describe any major losses or transitions for youth/family:

Financial Information: (Some services may have financial eligibility criteria)

Family's gross income from ALL sources: _____

Sources of income/support (circle all that apply):

Employment SSDI (disability) SSI child support TANF/ADC Social Security Greene Met
Food stamps WIC BCMH Medicaid Waiver Adoption Subsidy PASSS funding

Insurance Information:

Does this family have an employer-sponsored insurance plan? Y N

Employer: _____

Insurance company: _____

Do any members of this family receive Medicaid / Medicaid Managed Care? Y N

If so, whom? _____

Medicaid provider: Caresource Molina Amerigroup

Please attach the following:

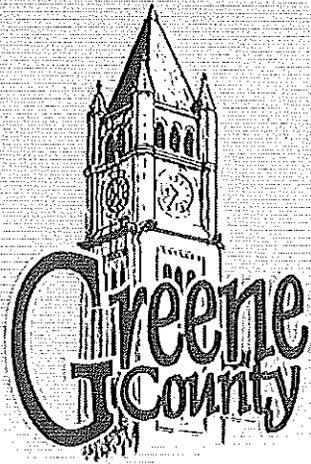
- 1. Explanation of referral
- 2. Release of Information signed by legal guardian and youth over the age of 16 years.

If you have any questions regarding referral information please contact the Greene County Family and Children First Family Stability Coordinator at 562-5607.

EXPLANATION OF REFERRAL:

To the best of my knowledge, all information I've provided is accurate/up-to-date:

Signature of person completing this referral



Board of Commissioners

Family and Children First Department

158 East Main Street
Xenia, Ohio 45385

Phone: (937) 562-5600
Dayton: (937) 427-2883, ext. 5600
Fax: (937) 562-5601
www.co.greene.oh.us/fc1/default.asp

Greene County Family and Children First High Fidelity Wraparound Program

'High Fidelity Wraparound' is a way of organizing services for families and children who are involved in several different agencies and programs. It can sometimes be overwhelming for families to juggle the scheduling of the various appointments and tasks they are being requested to do, especially when there are several agencies involved.

Greene County Family and Children First offers High Fidelity Wraparound to families who have at least one child involved in more than one service system (for example: special education, Juvenile Court, Children Services, mental health services and or the Board of Developmental Disabilities). It is a voluntary program with the long term goal of teaching families how to plan for, coordinate and advocate for their needs. Due to limited resources, only a small number of families can receive High Fidelity Wraparound at any given time. Consequently families are asked to sign a High Fidelity Wraparound Service Coordination Agreement which defines the tasks and roles of the service coordinator and of the family.

High Fidelity Wraparound begins with the family and the service coordinator getting to know one another and completing some questionnaires that help us understand how your child is doing, what challenges your child is having, what resources you have and your involvement in the community. This information is used to identify the family's strengths and needs and to help identify a good wraparound team for the family. We then schedule an initial team meeting with the identified members. The strengths and needs are discussed and an initial service coordination plan is developed. Follow up meetings will be scheduled as determined by the team.

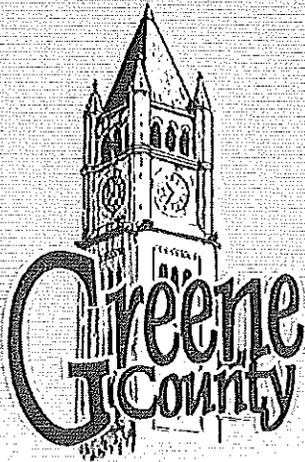
The service coordinator will initiate on-going contact with the family to determine what progress is being made on the identified needs and to discuss more ways to access services as needed. As the needs identified in the service coordination plan are addressed, service coordinator initiated contact will be phased out. After four consecutive months of no service needs, the family will graduate from the program.

Currently, the service coordinator maintains a caseload of approximately 12 to 15 active families. If there is no immediate availability for service coordination via Family and Children First a family may be placed on a waiting list or another individual may be selected as a service coordinator. Families will be accepted off the waiting list in order of need as determined by the service coordinator and team members already engaged with the family. Priority will be awarded for such things as problem severity and risk of out-of-home placement.

For more information please contact Greene County Family and Children First at (937) 562-5600.

Addendum B

Rev. 7/14



Board of Commissioners

Family and Children First Department

158 East Main Street
Xenia, Ohio 45385

Phone: (937) 562-5600
Dayton: (937) 427-2883, ext. 5600
Fax: (937) 562-5601
www.co.greene.oh.us/fc1/default.asp

Family Name _____
Youth Names _____

AGREEMENT FOR SERVICES AND STATEMENT OF ACCOUNTABILITY

I/We are requesting High Fidelity Wraparound Services through the Greene County Family and Children First Service coordination mechanism. We have been provided with information describing service coordination and understand that it is a voluntary program.

Participating In Service Coordination means I/we will:

- Participate in an initial referral and planning process with a High Fidelity Wraparound team of formal and informal support providers.
- Participate in on-going team reviews and be accountable for family's progress within service coordination. The frequency of team reviews will be determined by my team.
- Participate in initial and periodic family questionnaires.

The Service Coordinator and /or Family and Children First staff agree to:

- Provide open and honest communication with the family
- Empower the family to make their own choices
- Value all communication with the family as personal and confidential, sharing information with entities/individuals only with valid and current signed release of information, or as mandated by law
- Monitor progress and needs
- Arrange for regular High Fidelity Wraparound meetings as recommended by the team.
- Whenever possible, attend meeting or reviews as requested by the family i.e. IEP meetings, court hearing, Family Team Meetings.

Signed:

Parent/Guardian Date

Service Coordinator Date

Addendum B

Rev. 7/14

**GREENE COUNTY FAMILY STABILITY PROGRAM INTER-SYSTEM
CONSENT FOR RELEASE OF INFORMATION**

Name of Person	Social Security Number	Date of Birth
Parent/Guardian	Address	Phone Number
Referring Agency	Contact Name	Phone Number

The following agency(s) and/or provider(s) have my permission to exchange/give/share/disclose information as indicated below regarding service information for the purpose of securing, coordinating, planning and/or providing services for the above-named person. (Please identify all agencies that apply, then initial next to each check mark.)

- | | |
|--|--|
| <input type="checkbox"/> Help Me Grow
<input type="checkbox"/> Council on Rural Services
<input type="checkbox"/> Greene County Children Services
<input type="checkbox"/> Greene County Dept. of Job & Family Services
<input type="checkbox"/> Greene County Combined Health District
<input type="checkbox"/> Greene County Family & Children First
<input type="checkbox"/> Greene County Juvenile Court
<input type="checkbox"/> Greene County ESC & L.C.
<input type="checkbox"/> Greene Academy | <input type="checkbox"/> Greene County Board of Dev. Disabilities
<input type="checkbox"/> School District: _____
<input type="checkbox"/> TCN Behavioral Health Services
<input type="checkbox"/> TCN/Family Solutions Center
<input type="checkbox"/> Mental Health & Recovery Bd. of Greene Co.
<input type="checkbox"/> CASA
<input type="checkbox"/> Parent Advocacy Connection
<input type="checkbox"/> Miami Valley Juvenile Rehab. Center |
|--|--|

The information I am authorizing these agencies to exchange/give/share/disclose, if needed, is indicated below. (Indicate Yes, No, or NA in the column below, then initial by each.)

Circle One Initial

Yes NA No _____ Identifying Information: name, birth date, sex, race, address, telephone number, social security number

Yes NA No _____ Greene County Cluster/Diversion/Family Stability Information: reports, plans, relevant family information, progress notes

Yes NA No _____ Case Information:
 the above identifying information plus social history, treatment/service history, psychological evaluations, psychiatric reports and evaluations, Individualized Educational Plans, treatment/service plans, Individualized Family Service Plans, transition plans, vocational assessments, COEDI, grades and attendance, and other personal information regarding me or the individual named above (disability, type of services to me or the individual named above). Information regarding HIV/AIDS and/or substance abuse diagnosis and treatment shall not be released unless a "Yes" is indicated and an initial placed below:

Yes NA No _____ HIV and AIDS related diagnosis and treatment

Yes NA No _____ Substance abuse diagnosis and treatment

Yes NA No _____ Financial Information: public assistance eligibility and payment information provided for establishing eligibility including but not limited to pay stubs, W2s and tax returns, and other financial information.

This information will remain in effect for 180 days after I sign this date unless I specify an earlier expiration date in this space: _____. The revocation does not include information that has been shared between the time that I gave permission to share information and the time it was cancelled. I understand that my records are protected under the federal regulations governing confidentiality of alcohol and drug abuse. Federal regulations (42 CFR Part 2) prohibits you from making further disclosure of it without my specific written consent. Federal rules restrict any use of information to criminally investigate or prosecute for any alcohol or drug abuse client.

This consent expires on the _____ day of _____, 20_____.

Signature of Person (Age 16 and older)

Date

Signature of Parent/Guardian

Date

Witness/Agency Representative

Date

Revocation of Authorization of Release of Information

I hereby revoke this authorization.

Signature of Person

Date

Signature of Parent/Guardian

Date

Witness/Agency Representative

Date

A violation of Federal law regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

TO ALL AGENCIES RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT:

1. If the record released include any information of any diagnosis or treatment of drug or alcohol abuse, the following statements apply: Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.
2. If the records released include information of an HIV-related diagnosis or test results, the following statement applies. This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the release of HIV test results or diagnoses.
3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further releases of it is prohibited unless the person to whom it pertains. DYS in the case of youth records, or applicable federal and/or state law, expressly permits the further disclosure.

Approved by: Expanded Cluster/Diversion Committee – 1/23/98
Revised: 1/03, 2/05, 12/09, 8/10

Strengths, Needs, and Culture Discovery Questions

Introduction and Long Range Vision

Explaining to the family that this document tells the team who and where you are, where you have been, where you want to go.

Also want to break down and identify problem areas. Life could be better if.....

Family and Family Culture

- Tell me about your family? What does your household look like? Who is in your family? (Include names, ages and relationships) Do all family members get to spend time with each other? How does everyone in the house get along?
- How long have you been married? How did you meet?
- Do you have any family traditions that are important to you?
- What is your best quality as a parent?
- What are your dreams for your child?
- Do you have any extended family you are close to? Out of your favorite relatives which would you like on your team? Identify extended family-where they are.
- When was relationship with ____good? When did that change? What happened at that time?

Social/Friends/Fun

- What does your family do for fun?
- What is your favorite color/musician/sport? (Youth)
- What is your favorite thing to do? (Youth)
- Who are your closest friends? Why?
- What do your weekends look like?
- Where do you go to when things are tough?
- How do they help you?
- How do you relax?

Residence/Neighborhood

- How do you feel about your home/neighborhood?
- How long have you lived here?
- Who in your neighborhood helps you out?
- Are you from here?

Vocational/Financial

- Where do you work? Are they flexible with your time?
- Do you hang out with people you work with?
- What kinds of things is the youth good at?
- What do you want to be when you grow up? (youth)

Education

- Do you like school, why or why not?
- What is your favorite subject in school? (youth)
- Does anyone do anything special or different to help you learn?
- What doesn't work at school?
- Where does the youth go to school?
- Are there programs/activities at school you enjoy and are a part of?

Legal

- Has the youth ever been involved with the court system or on probation? Diversion?
- Who has custody of the child? Are there any issues around custody?

Medical

- Which providers are you currently seeing for your medical needs?
- Are there any concerns with the current diagnosis or medications?
- Is everyone in the house physically healthy?
- Do you have limitations due to health?

Spiritual

- Do you attend church? If yes how do you receive support from your congregation?
- What do you like most about your faith community?
- Is there someone from your faith community you would like on the team?

Behavioral/Emotional/Psychological

- Tell me what a typical good day looks like?
- Tell me what a typical bad day looks like?
Of all of those things you mentioned, what is the most concerning? Or if we don't do anything else in Wraparound, which behavior would you like to see changed?
- Who are your service providers? What works and what doesn't?
- Does your child turn to other adults for advice and could they be on the team?
- Are there any challenging behaviors blocking family member's chances of having a good life?

Safety/Crisis Interventions

- Do you stay up at night worried about your family's safety?
- Have you ever had to drive around looking for your child?
- What are ways you have kept your child safe? (lock things up or hide)
- Do you have to do things that other parents don't have to do to keep your child safe?
- How are you in a crisis? Give an example?

Providers/Natural and Informal Supports

- How long have you known the family?
- How long have you been working with the family?
- What do they do well?

Family Discovery

Date sent to All Parties: _____

Child's Name:	
Parents/Legal Guardians:	
Siblings:	

Short Narrative:

Strengths

Needs

Strengths	Needs

Addendum D

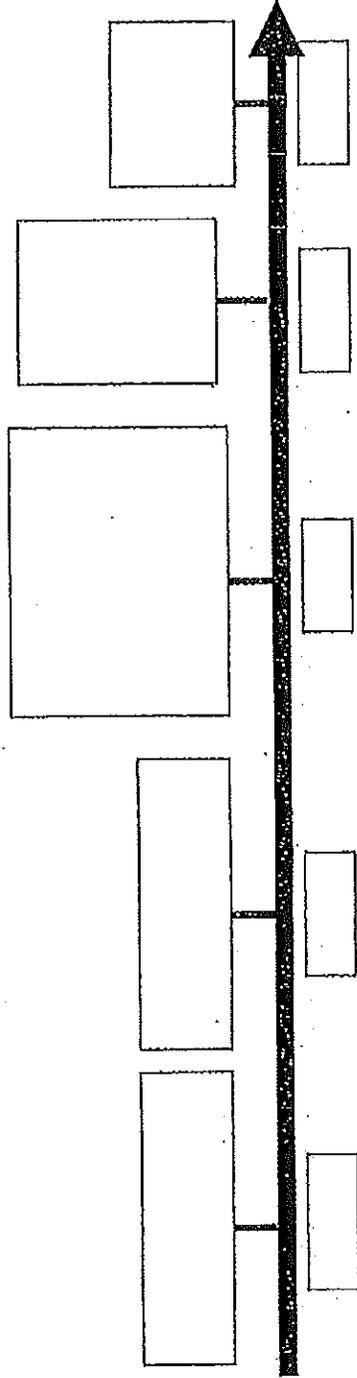
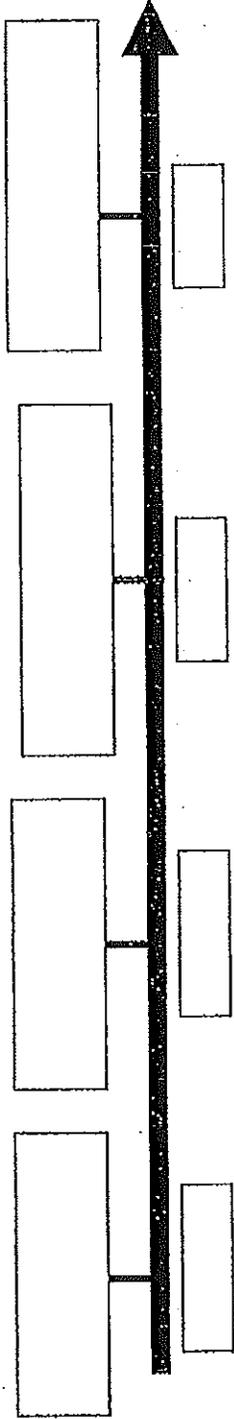
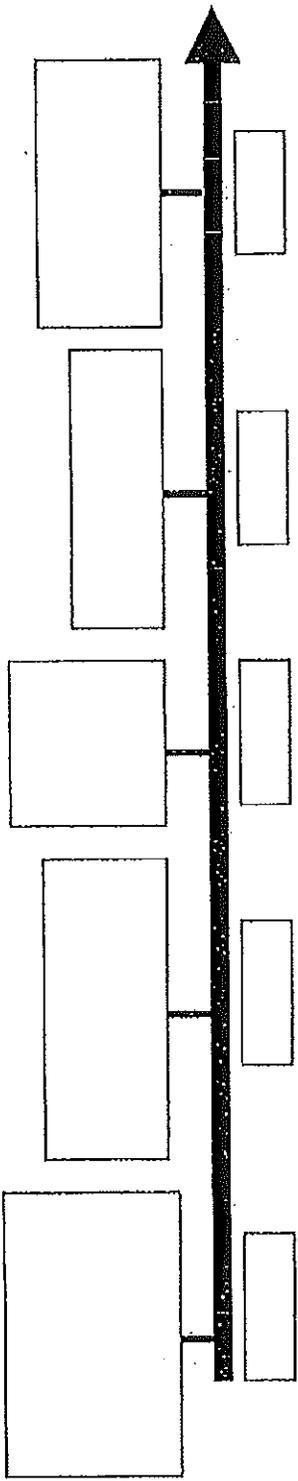
Family Involvement

Service Plan

Person Responsible

Date

Mental Health:			
Education:			
Children Services:			
Juvenile Court:			
Board of Dev. Disabilities:			
Other:			



Family Discovery Timeline

Greene County Family and Children First Plan of Action

Family Name:	Facilitator:	Date:
Identified Outcome:		
Behavior: <small>(What's the problem?)</small>		
Need: <small>(Why is it happening?)</small>		
Goal: <small>(What would we like to see happen instead?)</small>		
Strengths: <small>(What do we have to work with?)</small>		
WHO?	WHAT?	By When?
Review Date:	Outcomes: (How did the plan work?)	

Greene County Family and Children First
Meeting Signature Sheet
(To be attached to all meeting minutes/HFWA Care Plans)

Family/Youth Name:				
Meeting Date:		Time:		Location:
Purpose:	HFWA Care Plan	HFWA Review	Placement Review	Transition Plan

Your signature below indicates that you understand and acknowledge that all client-specific information shared at or about this meeting, whether in written, oral, or electronic form is **confidential**. Except as provided for by appropriately executed releases of information, this information is not subject for re-disclosure in any format. It is further acknowledged that any breach of this confidentiality and disclosure are not time-limited in any way.

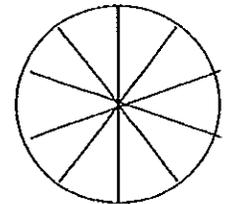
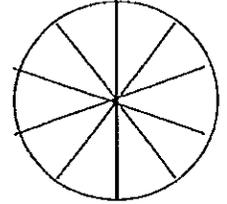
Print Name	Position/Role	Signature	Date

Wraparound Outcome Scale

Family: _____ Facilitator: _____

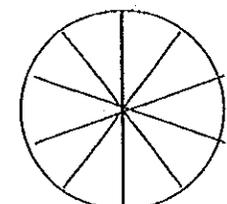
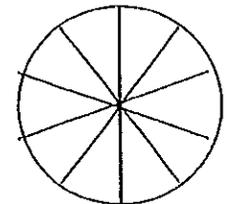
OUTCOME #1:

Beginning Scale/Date	
Family Scale	0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ No Progress Some Progress Completed
Team Scale	0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ No Progress Some Progress Completed
Scaling Date	
Action to be Taken	



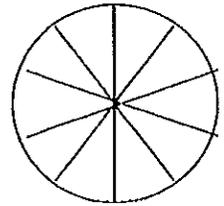
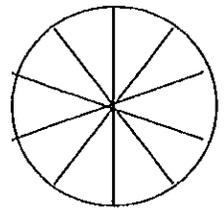
OUTCOME #2:

Begin Scale/Date	
Family Scale	0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ No Progress Some Progress Completed
Team Scale	0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ No Progress Some Progress Completed
Scaling Date	
Action to be Taken	



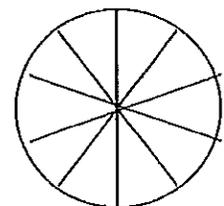
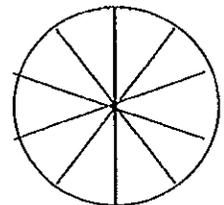
OUTCOME #3:

Begin Scale/ Date:	
Family Scale	0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ No Progress Some Progress Completed
Team Scale	0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ No Progress Some Progress Completed
Scaling Date	
Action to be Taken	



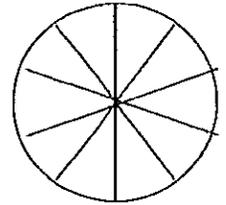
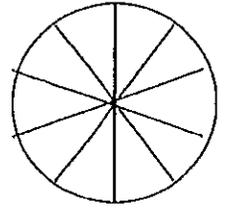
OUTCOME #4:

Begin Scale/Date	
Family Scale	0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ No Progress Some Progress Completed
Team Scale	0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ No Progress Some Progress Completed
Scaling Date	
Action to be Taken	



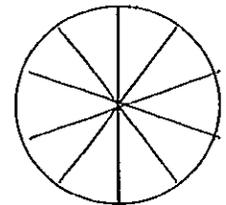
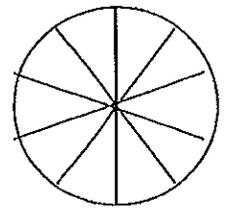
OUTCOME #5:

Begin Scale/Date	
Family Scale	0 <u> </u> 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 <u> </u> 8 <u> </u> 9 <u> </u> 10 <u> </u> No Progress Some Progress Completed
Team Scale	0 <u> </u> 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 <u> </u> 8 <u> </u> 9 <u> </u> 10 <u> </u> No Progress Some Progress Completed
Scaling Date	
Action to be Taken	



OUTCOME #6:

Begin Scale/Date	
Family Scale	0 <u> </u> 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 <u> </u> 8 <u> </u> 9 <u> </u> 10 <u> </u> No Progress Some Progress Completed
Team Scale	0 <u> </u> 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 <u> </u> 8 <u> </u> 9 <u> </u> 10 <u> </u> No Progress Some Progress Completed
Scaling Date	
Action to be Taken	



Wraparound Case Closing Checklist

Inactive Date _____

- Family Resource Scale
- Family Empowerment Scale
- BERS-2 (parents)
- BERS-2 (Youth 12 and above)
- Transition Plan

Please indicate reason for closing case:

- Successful completion of goals
- Inability to engage parent
- Family declined services
- Family moved out of Greene County
- Child placed in Children Services custody
- Emancipation of youth
- Placement of youth in DYS
- Placement of youth in residential program

Level of care at closing:

- Home of parent (biological or adoptive)
- Kinship Placement
- Out of Home Placement (circle which one)

Foster care
Independent living program
Group home
Residential treatment
DYS

Please indicate which systems or projects the youth is involved with at the time of closing:

Mental Health

DD

Juvenile Court

Children Services

Special Education

AOD Services

Other _____

Is this the same level of care as when the child entered Wraparound? Yes or No

If no, what was the LOC at entrance to Wraparound? _____

Service Coordinator Signature

Date

Transition Plan

Family Name:	Facilitator:	Date:
Team Goal:		
Accomplishments: (What has the child and family achieved with the support of the team?)		
Supports:	Contact Information:	
Date Closing:	Reason for Closing:	

Multi-Agency Review of Youth in Residential Placement

Date:

YOUTH'S NAME:

DOB:

PLACEMENT:

DATE OF PLACEMENT:

TIME IN PLACEMENT:

EXPECTED DISCHARGE DATE:

Briefly describe youth's discharge plan and current progress towards this goal:

Briefly describe the family's status, progress toward discharge goal and/or reunification plan:

What types of services are needed to bring this youth back to his/her family/community or to step down to an appropriate less restrictive setting?

Signature of person completing this form:

Date: _____

**GREENE COUNTY FAMILY & CHILDREN FIRST
SHARED FUNDING AGREEMENT**

CLIENT NAME: _____ DOB: _____
 FAMILY NAME: _____ GUARDIAN: _____
 MEDICAID ELIGIBLE: YES NO IV-E ELIGIBLE: YES NO
 PRIMARY FISCAL AGENT: FCFD PLACING AGENCY/CONTACT: guardian
 PREPARED BY: Melissa Baughn, Greene County Family and Children First

PLACEMENT/PROVIDER/VENDOR
SERVICE LEVEL
PER DIEM
DATES OF AGREEMENT/NUMBER OF DAYS
TOTAL COST

PROVIDER WILL BILL:-FCFD

- I. The purpose of this shared funded agreement is to provide for the care and maintenance of the above-named client at the above-named placement/provider/vendor.
- II. Financial Commitment: The entries named below herein enter into an agreement to share in the total cost of this placement, as detailed in the box below. The entities herein agree to pay the Fiscal Agent. The total cost will be payable to the Provider/Vendor by the Fiscal Agent.

Agency/Entity	Cost Share per Diem	Total Cost
Greene County Children's Services		
The Mental Health & Recovery Board		
Greene County Juvenile Court		
Greene County Board of DD		
Parent/Guardian		
Other (Specify)		

COMMENTS/SPECIAL INSTRUCTIONS:

- III. Modification or Assignment: Modifications to this agreement shall be made in writing and approved by all parties. This agreement may be terminated at any time upon thirty (30) days written notice by any party.
- IV. Parent contributions: The agencies signing this agreement understand that any parent contribution amounts noted above will be invoiced to the parent but in the event that for whatever reason such amounts are not available or denied, the agencies signing this agreement agree to share the presumed parent contribution amounts.
- V. Law Applicable: This agreement is made pursuant to and shall be constructed and interpreted by the applicable laws of the State of Ohio. This agreement is made subject to the provisions of ORC Section 126.07. Certification of unobligated balance required before contract approval of payment.

In witness whereof, the following parties, as duly authorized agents, do execute this agreement on the dates set below.

Agency Representative/Date

Parent or Guardian/Date

Rev. 8/14

Crisis/Safety Response Guidelines

Family: _____ DATE: _____

Important Phone Numbers:

Local police (non-emergency): _____

TCN/Family Solution Center Crisis Line: (937) 376-8701

GCLC 24-hour pager: (937) 850-4166

Child's mental health therapist: _____

Service Coordinator: _____ phone number: _____

Probation Officer: _____ phone number: _____

Example Situation

Response

My Child is acting SUICIDAL or HOMICIDAL and has OVERDOSED or has said they have OVERDOSED or done other potentially life-threatening self-harm.	Call 9-1-1 and seek IMMEDIATE assistance from trained professionals
My child is TELLING ME they are feeling suicidal. I am not sure how to handle this.	Call the child's therapist's 24-hr. crisis line. A therapist will call you back to discuss options.
My child is NOT SUICIDAL but is CUTTING on themselves and has made actual cuts into skin and these cuts ARE NOT LIFE THREATENING.	Take your child to the nearest ER for a Medical Psychiatric evaluation or follow course of action pre-arranged with your child's mental health provider.
<p>My child has RUNAWAY and I do not know where he/she is</p> <p style="text-align: center;">or</p> <p>My child is threatening to act out physically</p> <p style="text-align: center;">or</p> <p>My child is destroying property/causing significant property destruction</p>	<p>Call your local police department and make a report, USING BEHAVIORAL DESCRIPTIONS. If the police choose not to make a report you may consider going to your police department later and asking to make one yourself.</p> <ul style="list-style-type: none"> • You may consider calling Greene County Juvenile Court to ask about filing unruly charges. Once again, use behavioral descriptions. • If your child is on probation, report probation violations AS SOON AS THEY HAPPEN. Make after-hours arrangements with your individual probation officer. • Be mindful of what your child sees and hears you reporting- do not do it at a time that is likely to escalate the behavior • Keep a running log of behavior incidents. This can be used when filing charges with both the police department and the court, and can be helpful to your mental health provider.
My child is acting out physically to me or others in the home.	<p>Call your local police department to make a report</p> <p style="text-align: center;">or</p> <p>If you have reason to believe that your child or someone else is at risk of imminent harm call 9-1-1 immediately!</p>

****Always try to touch base with your child's mental health provider and/or probation officer as soon as possible after a significant event; preferably no later than the next business day.****

Family Resource Scale

Hope E. Leat Carl, J. Dunst

Name _____ Date _____ Completed by _____

This scale is designed to assess whether or not you and your family have adequate resources (time, money, energy, and so on) to meet the needs of the family as a whole as well as the needs of individual family members.

For each item, please *circle* the response that best describes how well the need is met on a *consistent* basis in your family (that is, month in and month out).

To what extent are the following resources adequate for your family:	Does Not Apply	Not at All Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
1. Food for 2 meals a day	NA	1	2	3	4	5
2. House or apartment	NA	1	2	3	4	5
3. Money to buy necessities	NA	1	2	3	4	5
4. Enough clothes for your family	NA	1	2	3	4	5
5. Heat for your house or apartment	NA	1	2	3	4	5
6. Indoor plumbing/water	NA	1	2	3	4	5
7. Money to pay monthly bills	NA	1	2	3	4	5
8. Good job for yourself or spouse/partner	NA	1	2	3	4	5
9. Medical care for your family	NA	1	2	3	4	5
10. Public assistance (SSI, AFDC, Medicaid, etc)	NA	1	2	3	4	5
11. Dependable transportation (own car or provided by others)	NA	1	2	3	4	5
12. Time to get enough sleep/rest	NA	1	2	3	4	5
13. Furniture for your home or apartment	NA	1	2	3	4	5
14. Time to be by yourself	NA	1	2	3	4	5
15. Time for family to be together	NA	1	2	3	4	5
16. Time to be with your child(ren)	NA	1	2	3	4	5
17. Time to be with spouse or partner	NA	1	2	3	4	5
18. Time to be with close friend(s)	NA	1	2	3	4	5
19. Telephone or access to a phone	NA	1	2	3	4	5
20. Baby sitting for your child(ren)	NA	1	2	3	4	5
21. Child care/daycare for your child(ren)	NA	1	2	3	4	5
22. Money to buy special equipment/supplies for child(ren)	NA	1	2	3	4	5
23. Dental care for your family	NA	1	2	3	4	5
24. Someone to talk to	NA	1	2	3	4	5
25. Time to socialize	NA	1	2	3	4	5
26. Time to keep in shape and look nice	NA	1	2	3	4	5
27. Toys for your child(ren)	NA	1	2	3	4	5
28. Money to buy things for yourself	NA	1	2	3	4	5
29. Money for family entertainment	NA	1	2	3	4	5
30. Money to save	NA	1	2	3	4	5
31. Time and money for travel/vacation	NA	1	2	3	4	5

Source: C.J. Dunst, C.M. Trivette, and A.G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books. May be reproduced.

Family Name: _____

Date: _____

FAMILY EMPOWERMENT SCALE

These questions ask about several areas of your life—your family, your child's services, and your community. The questions include many different activities that parents may or may not do. For questions that do not apply to you, please answer "Never". Also, we know that other people may be involved in caring for and making decisions about your child, but please answer the questions by thinking of your own situation. Feel free to write any additional comments at the end.

ABOUT YOUR FAMILY...	NEVER	SELDOM	SOME-TIMES	OFTEN	VERY OFTEN
1. When problems arise with my child, I handle them pretty well.	1	2	3	4	5
2. I feel confident in my ability to help my child grow and develop.	1	2	3	4	5
3. I know what to do when problems arise with my child.	1	2	3	4	5
4. I feel my family life is under control.	1	2	3	4	5
5. I am able to get information to help me better understand my child.	1	2	3	4	5
6. I believe I can solve problems with my child when they happen.	1	2	3	4	5
7. When I need help with problems in my family, I am able to ask for help from others.	1	2	3	4	5
8. I make efforts to learn new ways to help my child grow and develop.	1	2	3	4	5
9. When dealing with my child, I focus on the good things as well as the problems.	1	2	3	4	5
10. When faced with a problem involving my child, I decide what to do and then do it.	1	2	3	4	5
11. I have a good understanding of my child's disorder.	1	2	3	4	5
12. I feel I am a good parent.	1	2	3	4	5
ABOUT YOUR CHILD'S SERVICES...	NEVER	SELDOM	SOME-TIMES	OFTEN	VERY OFTEN
13. I feel that I have a right to approve all services my child receives.	1	2	3	4	5
14. I know the steps to take when I am concerned my child is receiving poor services.	1	2	3	4	5
15. I make sure that professionals understand my opinions about what services my child needs.	1	2	3	4	5
16. I am able to make good decisions about what services my child needs.	1	2	3	4	5
17. I am able to work with agencies and professionals to decide what services my child needs.	1	2	3	4	5

© 1993 Family Empowerment Scale, Koren, DeChillo, & Friesten, Regional Research Institute, Portland State University, P.O. Box 751, Portland, OR 97207-0751 (F:\Staff\GSS\WARRR&T\Dissemination\FES Empowerment\Current FES Documents\A COMPLETE VERSION -df.doc)

18. I make sure I stay in regular contact with professionals who are providing services to my child.	1	2	3	4	5
19. My opinion is just as important as professionals' opinions in deciding what services my child needs.	1	2	3	4	5
20. I tell professionals what I think about services being provided to my child.	1	2	3	4	5
21. I know what services my child needs.	1	2	3	4	5
22. When necessary, I take the initiative in looking for services for my child and family.	1	2	3	4	5
23. I have a good understanding of the service system that my child is involved in.	1	2	3	4	5
24. Professionals should ask me what services I want for my child.	1	2	3	4	5
ABOUT YOUR INVOLVEMENT IN THE COMMUNITY...	NEVER	SELDOM	SOME-TIMES	OFTEN	VERY OFTEN
25. I feel I can have a part in improving services for children in my community.	1	2	3	4	5
26. I get in touch with my legislators when important bills or issues concerning children are pending.	1	2	3	4	5
27. I understand how the service system for children is organized.	1	2	3	4	5
28. I have ideas about the ideal service system for children.	1	2	3	4	5
29. I help other families get the services they need.	1	2	3	4	5
30. I believe that other parents and I can have an influence on services for children.	1	2	3	4	5
31. I tell people in agencies and government how services for children can be improved.	1	2	3	4	5
32. I know how to get agency administrators or legislators to listen to me.	1	2	3	4	5
33. I know what the rights of parents and children are under the special education laws.	1	2	3	4	5
34. I feel that my knowledge and experience as a parent can be used to improve services for children and families.	1	2	3	4	5

COMMENTS _____

FAMILY FUNCTIONING STYLE SCALE

Listed below are 26 statements about families. Please read each statement and indicate the extent to which it is true for your family. There are no right or wrong answers. Please give your honest opinion and feelings. Remember that no one family will be like all the statements given.

To what extent is each of the following statements like your family:	Not at All Like My Family	A Little Like My Family	Sometimes Like My Family	Generally Like My Family	Almost Always Like My Family
1. It is worth making personal sacrifices if it benefits our family	0	1	2	3	4
2. We generally agree about how family members are expected to behave	0	1	2	3	4
3. We believe that something good comes out of the worst situations	0	1	2	3	4
4. We take pride in even the smallest accomplishments of family members	0	1	2	3	4
5. We are able to share our concerns and feelings in productive ways	0	1	2	3	4
6. No matter how difficult things get, our family sticks together	0	1	2	3	4
7. We generally ask for help from persons outside our family if we cannot do things ourselves	0	1	2	3	4
8. We generally agree about the things that are important to our family	0	1	2	3	4
9. In our family we are always willing to "pitch in" and help one another	0	1	2	3	4
10. If something beyond our control is constantly upsetting to our family, we find things to do that keep our minds off our worries	0	1	2	3	4
11. No matter what happens in our family, we try to look "at the bright side of things"	0	1	2	3	4
12. Even in our busy schedules, we find time to be together	0	1	2	3	4
13. Everyone in our family understands the rules about acceptable ways to act	0	1	2	3	4
14. Friends and relatives are always willing to help whenever we have a problem or crisis	0	1	2	3	4
15. When we have a problem or concern, we are able to make decisions about what to do	0	1	2	3	4
16. We enjoy time together even if it is just doing household chores	0	1	2	3	4

Listed below are 26 statements about families. Please read each statement and indicate the extent to which it is true for your family. There are no right or wrong answers. Please give your honest opinion and feelings. Remember that no one family will be like all the statements given.

To what extent is each of the following statements like your family:	Not at All Like My Family	A Little Like My Family	Sometimes Like My Family	Generally Like My Family	Almost Always Like My Family
17. If we have a problem or concern that seems overwhelming, we try to forget it for awhile	0	1	2	3	4
18. Whenever we have disagreements, family members listen to "both sides of the story"	0	1	2	3	4
19. In our family, we make time to get things done that we all agree are important	0	1	2	3	4
20. In our family, we can depend upon the support of one another whenever something goes wrong	0	1	2	3	4
21. We generally talk about the different ways we deal with problems or concerns	0	1	2	3	4
22. In our family, our relationships will outlast our material possessions	0	1	2	3	4
23. Decisions like moving or changing jobs are based upon what is best for all family members	0	1	2	3	4
24. We can depend upon one another to help out when something unexpected comes up	0	1	2	3	4
25. In our family, we try not to take one another for granted	0	1	2	3	4
26. We try to solve our problems first before asking others to help	0	1	2	3	4

Please write down all things that you consider being the major strengths of your family. Don't overlook the little things that occur every day, which we often take for granted (e.g., sharing the responsibility of getting your child fed and to school).

SOURCE: C. J. Dunst, C. M. Trivette, and A. G. Deal (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.
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BERS-2

Behavioral and Emotional Rating Scale—Second Edition

Parent Rating Scale

Section 1. Identifying Information

Name _____ Female Male Grade _____
 Date Rated _____ School _____
 Date of Birth _____ Rater's Name _____
 Age _____ Rater's Relationship to Individual _____

Section 2. Score Summary

	Raw Score	%ile Rank	Scaled Score
I. Interpersonal Strength (IS)	_____	_____	<input type="text"/>
II. Family Involvement (FI)	_____	_____	<input type="text"/>
III. Intrapersonal Strength (IaS)	_____	_____	<input type="text"/>
IV. School Functioning (SF)	_____	_____	<input type="text"/>
V. Affective Strength (AS)	_____	_____	<input type="text"/>
Sum of Scaled Scores			_____
BERS-2 Strength Index			<input type="text"/>
Supplemental			
VI. Career Strength (CS)	_____	_____	<input type="text"/>

Section 3. Interpretation and Recommendations

Section 4. Other Pertinent Information

Who referred the student? _____
 What was the reason for the referral? _____
 Parental permission obtained on (date) _____
 BERS-2 results included in staffing or planning conference? Yes No

Section 5. Parent Rating Items

Directions: This scale contains a series of statements that are used to rate your child's behaviors and emotions in a positive way. Read each statement and mark the number that corresponds to the rating that best describes your child's status over the past 3 months. Rate each statement to the best of your knowledge of your child. Rate all 57 items by the following criteria:

- 3 = If the statement is very much like your child
- 2 = If the statement is like your child
- 1 = If the statement is not much like your child
- 0 = If the statement is not at all like your child

Statement	IS	FI	IaS	SF	AS
1. Demolish as a sense of belonging to family	3 2 1 0				
2. Trusts a significant person within or outside	3 2 1 0				
3. Accepts a hug	3 2 1 0				
4. Participates in community activities	3 2 1 0				
5. Is self-assertive	3 2 1 0				
6. Acknowledges painful feelings	3 2 1 0				
7. Maintains positive family relationships	3 2 1 0				
8. Demonstrates a sense of humor	3 2 1 0				
9. Asks for help	3 2 1 0				
10. Uses anger management skills	3 2 1 0				
11. Communicates with parents about behavior at home	3 2 1 0				
12. Expresses remorse for behavior that hurts or upsets others	3 2 1 0				
13. Shows concern for the feelings of others	3 2 1 0				
14. Completes a task on first request	3 2 1 0				
15. Interacts positively with parents	3 2 1 0				
16. Reacts to disappointments in a calm manner	3 2 1 0				
17. Considers consequences of own behavior	3 2 1 0				
18. Accepts criticism	3 2 1 0				
19. Participates in religious activities	3 2 1 0				
20. Demonstrates age-appropriate hygiene skills	3 2 1 0				
21. Requests support from peers and friends	3 2 1 0				
22. Enjoys a hobby	3 2 1 0				
23. Discusses problems with others	3 2 1 0				
24. Completes school tasks on time	3 2 1 0				
25. Accepts the closeness and intimacy of others	3 2 1 0				
26. Identifies own feelings	3 2 1 0				
27. Identifies personal strengths	3 2 1 0				
28. Accepts responsibility for own actions	3 2 1 0				
29. Interacts positively with siblings	3 2 1 0				
30. Loses a game graciously	3 2 1 0				
Column Subtotals					

3 = If the statement is very much like your child
 2 = If the statement is like your child
 1 = If the statement is not much like your child
 0 = If the statement is not at all like your child

Statement		IS	FI	laS	SF	AS
31. Completes homework regularly	3 2 1 0					
32. Is popular with peers	3 2 1 0					
33. Listens to others	3 2 1 0	_____				
34. Expresses affection for others	3 2 1 0					_____
35. Admits mistakes	3 2 1 0					
36. Participates in family activities	3 2 1 0					
37. Accepts "no" for an answer	3 2 1 0	_____				
38. Smiles often	3 2 1 0			_____		
39. Pays attention in class	3 2 1 0					
40. Computes math problems at or above grade level	3 2 1 0					
41. Reads at or above grade level	3 2 1 0				_____	
42. Is enthusiastic about life	3 2 1 0			_____		
43. Respects the rights of others	3 2 1 0	_____				
44. Shares w/ others	3 2 1 0					
45. Complies with rules at home	3 2 1 0		_____			
46. Apologizes to others when wrong	3 2 1 0	_____				
47. Studies for tests	3 2 1 0					
48. Talks about the positive aspects of life	3 2 1 0			_____		
49. Is kind toward others	3 2 1 0	_____				
50. Uses appropriate language	3 2 1 0	_____				
51. Attends school regularly	3 2 1 0					
52. Uses note taking and listening skills in school	3 2 1 0					
Column Subtotals						
Previous Page Column Subtotals						
Total Raw Score for PRS						

Supplemental Career Strength (CS) Subscale

53. Can name one career or life goal	3 2 1 0					
54. Is optimistic about future	3 2 1 0					
55. Actively plans for his or her future	3 2 1 0	_____				
56. Has a specific vocational skill	3 2 1 0	_____				
57. Has identified career goals	3 2 1 0					
Totals						

Behavioral and Emotional Rating Scale—Second Edition
Youth Rating Scale

Section 1. Identifying Information

Name _____ Female Male Grade _____
 Date Rated _____ School _____
 Date of Birth _____ Rater's Name _____
 Age _____ Rater's Relationship to Individual _____

Section 2. Score Summary

	Raw Score	%ile Rank	Scaled Score
I. Interpersonal Strength (IS)	_____	_____	<input type="text"/>
II. Family Involvement (FI)	_____	_____	<input type="text"/>
III. Intrapersonal Strength (IAS)	_____	_____	<input type="text"/>
IV. School Functioning (SF)	_____	_____	<input type="text"/>
V. Affective Strength (AS)	_____	_____	<input type="text"/>
	Sum of Scaled Scores		<input type="text"/>
	BERS-2 Strength Index	_____	<input type="text"/>
Supplemental			<input type="text"/>
VI. Career Strength (CS)	_____	_____	<input type="text"/>

Section 3. Interpretation and Recommendations

Section 4. Other Pertinent Information

Who referred the student? _____
 What was the reason for the referral? _____
 Parental permission obtained on (date) _____
 BERS-2 results included in staffing or planning conference? Yes No

Section 5. Youth Rating Items

Directions: Below is a list of items that describe you in a positive way. Some of the items will describe you very well. Other items will not describe you at all. Read each item and mark the number that corresponds to the rating that best describes you now or in the past 3 months. You must answer all 57 items. If you do not know the meaning of some of the words, ask the person who is giving you this form.

3 = If the statement is very much like you

2 = If the statement is like you

1 = If the statement is not much like you

0 = If the statement is not at all like you

Statement		IS	FI	IaS	SF	AS
1. My family makes me feel wanted	3 2 1 0					
2. I trust at least one person very much	3 2 1 0					
3. It's okay when people hug me	3 2 1 0					
4. I join in community activities	3 2 1 0					
5. I believe in myself	3 2 1 0					
6. I let someone know when my feelings are hurt	3 2 1 0					
7. I get along well with my family	3 2 1 0					
8. I have a sense of humor	3 2 1 0					
9. I ask for help when I need it	3 2 1 0					
10. I can express my anger in the right way	3 2 1 0					
11. My parents and I talk about how I act at home	3 2 1 0					
12. If I hurt or upset others, I tell them I am sorry	3 2 1 0					
13. I care about how others feel	3 2 1 0					
14. I complete tasks when asked	3 2 1 0					
15. I get along well with my parents	3 2 1 0					
16. When my feelings are hurt, I stay calm	3 2 1 0					
17. I think about what could happen before I decide to do something	3 2 1 0					
18. I accept criticism	3 2 1 0					
19. I go to religious activities	3 2 1 0					
20. I keep myself clean	3 2 1 0					
21. I ask my friends for help	3 2 1 0					
22. I have a hobby I enjoy	3 2 1 0					
23. When I have a problem, I talk with others about it	3 2 1 0					
24. I do my schoolwork on time	3 2 1 0					
25. I feel close to others	3 2 1 0					
26. I know when I am happy and when I am sad	3 2 1 0					
27. I know what I do well	3 2 1 0					
28. I accept responsibility for my actions	3 2 1 0					
29. I get along with my brothers and sisters	3 2 1 0					
30. When I lose a game, I accept it	3 2 1 0					
Column Subtotals						

3 = If the statement is very much like you
 2 = If the statement is like you
 1 = If the statement is not much like you
 0 = If the statement is not at all like you

Statement		IS	FI	IaS	SF	AS
31. I complete my homework	3 2 1 0					
32. I am liked by others my age	3 2 1 0					
33. I am a good listener	3 2 1 0	_____				
34. I let people know when I like them	3 2 1 0					_____
35. When I make a mistake, I admit it	3 2 1 0					
36. I do things with my family	3 2 1 0					
37. I can deal with being told "no"	3 2 1 0	_____				
38. I smile a lot	3 2 1 0			_____		
39. I pay attention in class	3 2 1 0					
40. I am good at math	3 2 1 0					
41. I am good at reading	3 2 1 0				_____	
42. I enjoy many of the things I do	3 2 1 0			_____		
43. I respect the rights of others	3 2 1 0					
44. I share things with others	3 2 1 0					
45. I follow the rules at home	3 2 1 0		_____			
46. When I do something wrong, I say I am sorry	3 2 1 0	_____				
47. I study for tests	3 2 1 0					
48. When good things happen to me, I tell others	3 2 1 0					
49. I am nice to others	3 2 1 0	_____				
50. I use appropriate language	3 2 1 0	_____				
51. I attend school daily	3 2 1 0					
52. I listen during the class and write things down to help me remember later	3 2 1 0					
Column Subtotals						
Previous Page Column Subtotals						
Total Raw Score for YRS						

Supplemental Career Strength (CS) Subscale

53. I can name at least one thing that I want to do in my life	3 2 1 0					
54. My future looks good	3 2 1 0					
55. I have a plan for my future career	3 2 1 0	_____				
56. I have a skill that will help me succeed in a good job	3 2 1 0	_____				
57. I know what I want to do for a career	3 2 1 0					
Totals						

Dispute Resolution Process

Any agency represented on the Greene County Family and Children First Council or any parent or guardian whose child is receiving services through a service coordination mechanism including Help Me Grow, may initiate a dispute resolution process in the event that they feel any consumer rights have been violated or in the event that a consensus cannot be attained in construction of any aspect of a comprehensive individual family service coordination plan.

It is the goal of a comprehensive individual family service coordination planning process to reach a consensus on the type, quality and cost of services, as well as which entities will bear the cost. It is also incumbent on agency personnel to ensure that all consumer rights are respected during the process. From time to time, especially in times of restricted funds, one or more entities may disagree on aspects of the plan or may feel that certain consumer rights have been infringed upon. If attempts to address these issues falter during the team process, one or more entities, including the family being served by the plan, may exercise their right to the dispute resolution process. Families involved with Help Me Grow may request mediation at any point in the dispute resolution process. (Agency specific concerns or concerns not involving the service coordination process or client rights violations should be brought directly to the attention of the involved agency for resolution.)

1. Parents and agencies will be made aware of the local dispute resolution process through local service coordination training and at the beginning of the High Fidelity Wraparound process, as well as during the process when it appears that a difference is not reaching resolution informally.
2. If an entity, including parent or legal guardian of a child receiving service coordination, has an unresolved dispute or if they feel the consumer rights may have been violated, they may file a written grievance with the Greene County Family and Children First Council and/or Department Director.
3. The grievance must state the facts of the case and must specify what issues or consumer right is in dispute. It is to be mailed to:

Greene County Family and Children First
Attn: Director
158 East Main St.
Xenia, OH 45385

4. In the case of a dispute within the Help Me Grow process, the Family and Children First Department Director or designee shall notify the Ohio Department of Health (ODH) of the dispute in writing (via email or fax) within seven calendar days of receipt of the complaint.



5. If a consumer rights violation is alleged, that alleged violation must have occurred not more than one year before the date that the grievance is received unless a longer period is reasonable because the alleged violation continues for that child or other children, or the filing party is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the grievance was received.
6. The Family and Children First Council Steering Committee will appoint one or more individuals who have no vested interest in the outcome of the process to investigate the grievance by doing at least the following:
 - Conduct an on-site investigation as determined necessary;
 - Interview the person filing the grievance and allow them an opportunity to submit additional information, either orally or in writing about the dispute;
 - Interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing about the dispute; and
 - Review all relevant information and make a determination as to whether there has been any consumer rights violations and/or offer suggestions for resolutions of the dispute and forward findings to FCFC Steering Committee.
7. The FCFC shall issue a written decision to all parties (including ODH for Help Me Grow consumers) within thirty (30) calendar days from receipt of the grievance. The statement shall address each grievance specified in the original filing and shall include findings of fact and conclusions and the reasons for the given decisions.
8. If the FCFC Steering Committee determines there was a violation of consumer rights or a substantiation of a grievance, the FCFC will ensure that corrective action is taken within 45 days of receipt of the findings of fact. Corrective actions may include:
 - Participation of a provider or agency in specific technical assistance activities;
 - Allocation of monetary reimbursement for services received appropriate to the needs of the child and family;
 - Trainings at the system or county level to achieve compliance in the appropriate future provision of services to children and families;
 - Modification of individual family service coordination plans.
9. A copy of the corrective action plan will be provided to all parties (including ODH for HMG involved families).
10. If a Help Me Grow involved disputant is not satisfied with the resolution at this point in the process the mediation and administrative hearing procedures set forth in the *Procedural Safeguards* manual for Help Me Grow Agencies will be followed.



11. In the case of dispute regarding a service coordination plan developed via the Family and Children First Service Coordination Mechanism, if satisfactory resolution is not achieved via the process outlined above, the FCFC Steering Committee may refer the case to Ohio Family and Children First Service Coordination Committee for administrative review and dispute resolution recommendations.
12. Ohio Family and Children First will submit a written report of recommendations to the FCFC Steering Committee and Department Director, within 30 days of receipt of request for review.
13. Service coordination plans will be amended accordingly and copies sent to all parties.
14. If a dispute remains unresolved beyond this point, the final arbitrator in the dispute resolution process is the elected juvenile court judge. Following an unsuccessful dispute resolution process, a disputant may, within seven (7) calendar days of receiving a response from OFCF, request a juvenile court hearing.
15. Written notification of this request must be sent to the FCFC Chair and Department Director who will provide the court with information on previous resolution proceedings, the initial comprehensive family service coordination plan, and with all related interagency assessment and treatment information.
16. The juvenile court will schedule this hearing as expeditiously as possible.
17. The disputant filing with the court is responsible for any cost incurred with the court.
18. In the event of an emergency situation where the health or safety of a child is at risk, an immediate solution to alleviate the risk will be developed by the team or, if needed an immediate referral to Greene County Children Services will be made.
- 19. Section 121.382 of the Ohio revised Code requires that each agency represented by the county Family and Children First Council that is providing services or funding for services that are the subject of a dispute resolution process initiated by a parent or guardian shall continue to provide those services and the funding for these services during the dispute resolution process.**



Greene County Family and Children First
Family Stability program

Acknowledgement of Receipt of Service Coordination Guide
And Dispute Resolution Policy/Procedure

I, the parent/guardian of _____

Child's Name

Have received a copy of the Greene County Family and Children First Dispute Resolution
Policy/Procedure.

Signature: _____ Date: _____

Printed Name: _____

**Please contact the Family Stability Coordinator at (937) 562-5607 with any
questions regarding the Dispute Resolution procedure.**

For Office Use Only

Date received at FCF: _____

Received By: _____